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**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(For use with Form PTO/SB/06)

Application Number \_\_\_\_\_ Filing Date \_\_\_\_\_

Applicant(s)  
**Dewhirst, R. E. et al.**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	CANCEL											
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Total Indep			↘			↘			↘			
Total Depend			↘			↘			↘			
Total Claims												
Total Indep					3							
Total Depend				18		↘			↘			
Total Claims					21							

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BEST AVAILABLE COPY

# CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
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TOTAL IND.	3					
TOTAL DEP.	18					
TOTAL CLAIMS	21					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS